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**FEC** FORM 3X

## REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

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2009 APR -7 A 8: 59.

1.	NAME OF COMMITTEE	(in	full

TYPE OR PRINT ▼

Example: If typing, type

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COMMITTEE (IN TUIL)		over the lines.	The proportion and annual line -	gast arms o the man of gaster of			
PIONEER PAC	<u> </u>	<u> </u>	<u> </u>				
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ADDRESS (number and street)	841 NEST	4600 50	, цт. н				
Check if different than previously reported. (ACC)	00 P.E.R [4.7] [8431.5] -[93.89]						
2. FEC IDENTIFICATION NUMB	ER ▼ Cľ	TY▲	STATE ▲	ZIP CODE A			
C 00 45 2771	2	S THIS N REPORT X (N		MENDED .)			
4. TYPE OF REPORT (Choose One)	Report 504	Record. servery	Part Ca Latering	20 (M8)   Nov 20 (M11) (Non-Election Year Only)   Dec 20 (M12)			
(a) Quarterly Reports:	Ma	r 20 (M3)	un 20 (M6)	(Non-Election Year Only)			
April 15 Quarterly Report (Q1) July 15	(C) 12-Day	20 (M4) J	Great. grang	20 (M10) Jan 31 (YE) (12G) Runoff (12R)			
Quarterly Report (Q2) Cotober 15	PRE-Election Report for the:	Convention (1	2C) 📜 Special	(128)			
Quarterly Report (Q3)  January 31  Year-End Report (YE)		<b>.</b>	Marting Sections	State of			
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G	Service of the servic	j. buqi			
Termination Report (TER)	Report for the:	on on	manageneral transfer for the second	State of			
5. Covering Period 01 01 2009 through 03 31 2009							
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer Greg W Haws CP4							
Signature of Treasurer  Date 03 3/ 2009							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.							
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